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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/806,936	04/06/2001	Laurent Potin	205507US2XPC T	7884

TITLE OF INVENTION: OPTICAL DEVICE FOR HELMET VISOR COMPRISING A DIFFRACTIVE MIRROR

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	risional NO			\$0	\$1330		08/30/2004
EXAMINER AMARI, ALESSANDRO V		ART UNIT 2872		CLASS-SUBCLASS		•	
				359-558000	_		
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		OBLON, SPIVAK,		
					attorney or	MoC	LELLAND, MAIER
						8 NE	USTADT, P.C.

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(A) NAME OF ASSIGNEE

THOMSON-CSE SEXTANT

Velizy Villacoublay, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent); individual Si corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): St Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Publication Fee 2 Payment by credit card. Form PTO-2038 is attached. $\ ^{\circ}$ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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